Applied Behavior Analysis (ABA)

Telehealth Exception Request

Complete this form for prior authorization of services to be delivered via telehealth.

Save and submit the completed form to HHS DSD DDP Service Request (ddpservicerequest@mt.gov) via the Montana State File Transfer Service.

Practitioners should be familiar with and adhere to the guidelines as specified in the Council of Autism Service Providers (2021). Practice.Parameters.for.Telehealth_Implementation.of.Applied. Behavior.Analysis¿Second.Edition¡ Wakefield, MA: Author.

Date of Submission	
Member Name	
Member DOB	
Member Medicaid Card ID	
BCBA Name and Contact Information	
BCBA NPI and License Number	
Anticipated start date for this request	
Initial Request ☐	Renewal Request ☐
Describe the specific reason for this request.	
Clearly identify why ABA Telehealth delivery is medically necessary for this member	
Describe the patient characteristics that support the use of ABA Telehealth	

Identify which, if any, goals and objectives in the Treatment Plan are not suitable for ABA Telehealth.	

Identify how effectiveness of treatment will be monitored and how modifications will be made to address any deficits. Include the intervals at which this will be assessed and addressed.	
Describe your process for environmental assessment for safety of the treatment setting and how any safety concerns will be addressed.	

DPHHS use only Department Decision	
Accept ☐	Decline ☐
Comments	